

Tools and Fabrication Supplies



The Universal Fabrication Fixture is an essential tool for fabrication of both AK and BK transfers. Made from lightweight Aluminum, the vertical orientation allows full fabrication capabilities from bench alignment and dynamic transfer to lay-up and lamination on the same fixture. It is interchangeable with standard Hosmer and Fillauer components making this fixture useful for almost any prosthetic components.



Tools and Fabrication Supplies

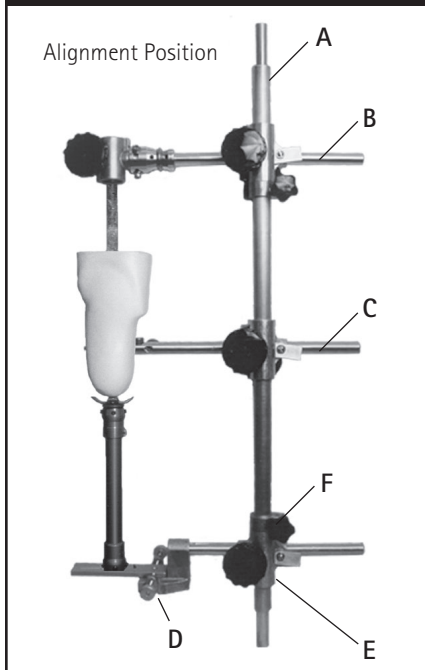
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Fabrication Fixtures

Universal Fabrication Fixture



- Vertical orientation allows full fabrication capabilities from bench alignment and dynamic transfer to lay-up and lamination on the same fixture.
- The Universal Fabrication Fixture must be secured in a pipe vise or other pipe holding fixture
- Interchangeable with standard Hosmer and Fillauer components

61443 Universal Vertical Fabrication Fixture

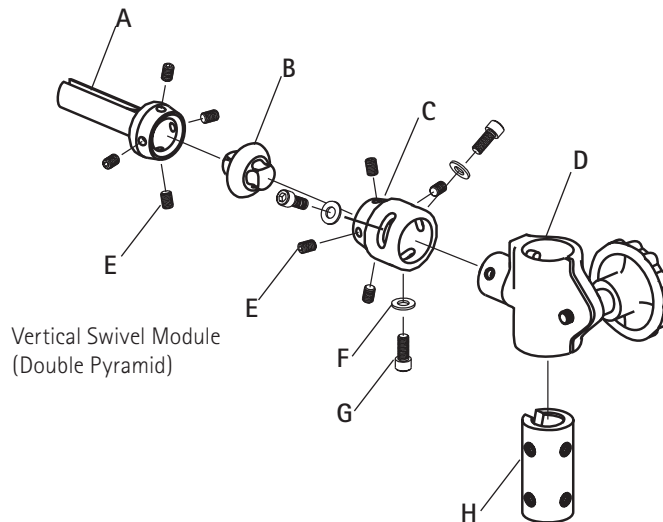
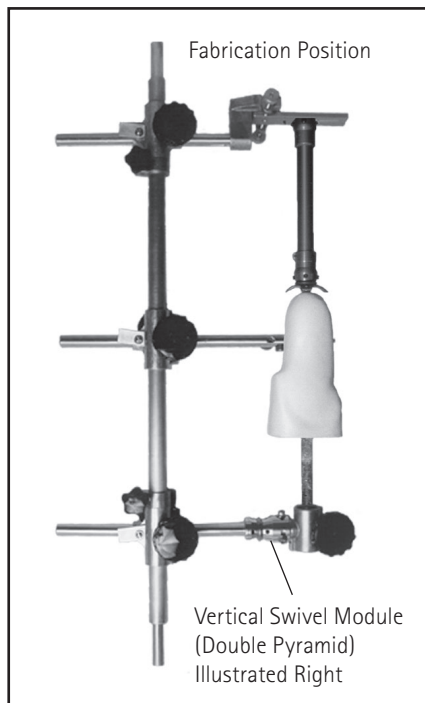
Includes:

- A. 61428 Post
- B. 61714 Vertical Swivel Module
- C. 61713 Ankle Base Plate Module
- D. 61715 Ankle Bracket Module
- E. 52062 Socket Clamp Assembly
- F. 52106 Collar Assembly

61714 Vertical Swivel Module

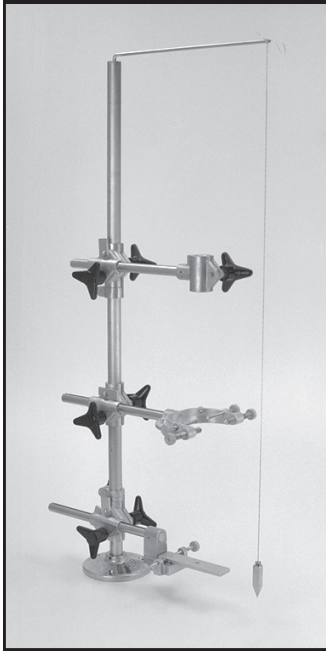
Includes:

- A. 61436 Adaptor Arm
- B. 61437 Dual Pyramid
- C. 61438 Adaptor
- D. 61442 Socket Clamp Assembly
- E. 60248 Set Screw, M8 x 1.25, 8 Required
- F. 61446 Washer, 3 Required
- G. 70206 Screw, 5/16-18 SHCS, 3 Required
- H. 52103 Sleeve Assembly

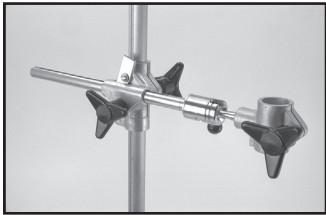


Fabrication Fixtures

Vertical Fabricating Jig VFJ-100



52056



58188

- Vertical orientation allows continuous alignment during all phases of duplication and fabrication process
- VFJ-Ball Joint Module provides additional alignment capabilities
- Lutz Adaptor enables use of VFJ-100 with Flex Foot and Spring Lite as well as various endoskeletal systems

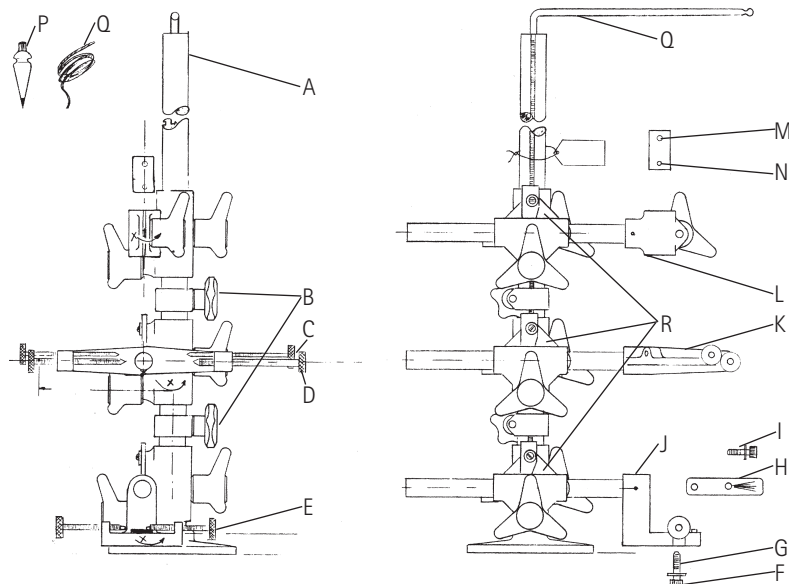
- 52056 Vertical Fabricating Jig, VFJ-100
- 61714 Vertical Swivel Module, See Page H206
- 52103 Mandrel Bushing w/Screws, VFJ-107
- 58188 VFJ-Ball Joint Module
- 58641 Lutz Adapter Kit w/Endoskeletal Adapters
- 58640 Flex Foot/Spring Lite Adapter
- 58633 Endoskeletal Adapter (Requires 58640)

Component Parts For 52056 VFJ100

- A. 52057 Post Assembly
- B. 52106 Collar Assembly*
- C. 52086 Screw Assembly VFJ-105-6*, 5/16" x 18 Thread
- D. 52084 Center Screw Assembly VFJ-105-2*, 1/2" x 13 Thread
- E. 52079 Thumb Screw Set
- F. 50270 Washer
- G. 52075 Bolt
- H. 52076 Plate
- I. 51674 Bolt
- J. 52071 Ankle Bracket Assembly*
- K. 52082 Yoke Assembly VFJ-105*
- L. 52088 Socket Clamp Assembly VFJ-106*
- M. 55992 Mandrel Bushing Set Screw, 3/8" x16x1/4"
- N. 52103 Mandrel Bushing w/Set Screws*
- O. 72334 Cord
- P. 52109 Plumb Bob
- Q. 52108 Plumb Bob Support
- R. 52062 Clamp Assembly VFJ-102*

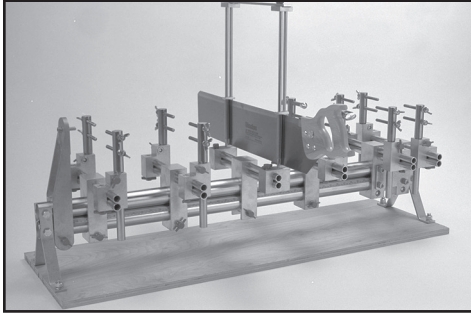
*Indicates a subassembly.

Refer to instruction manual for complete list of components



Fabrication Fixtures

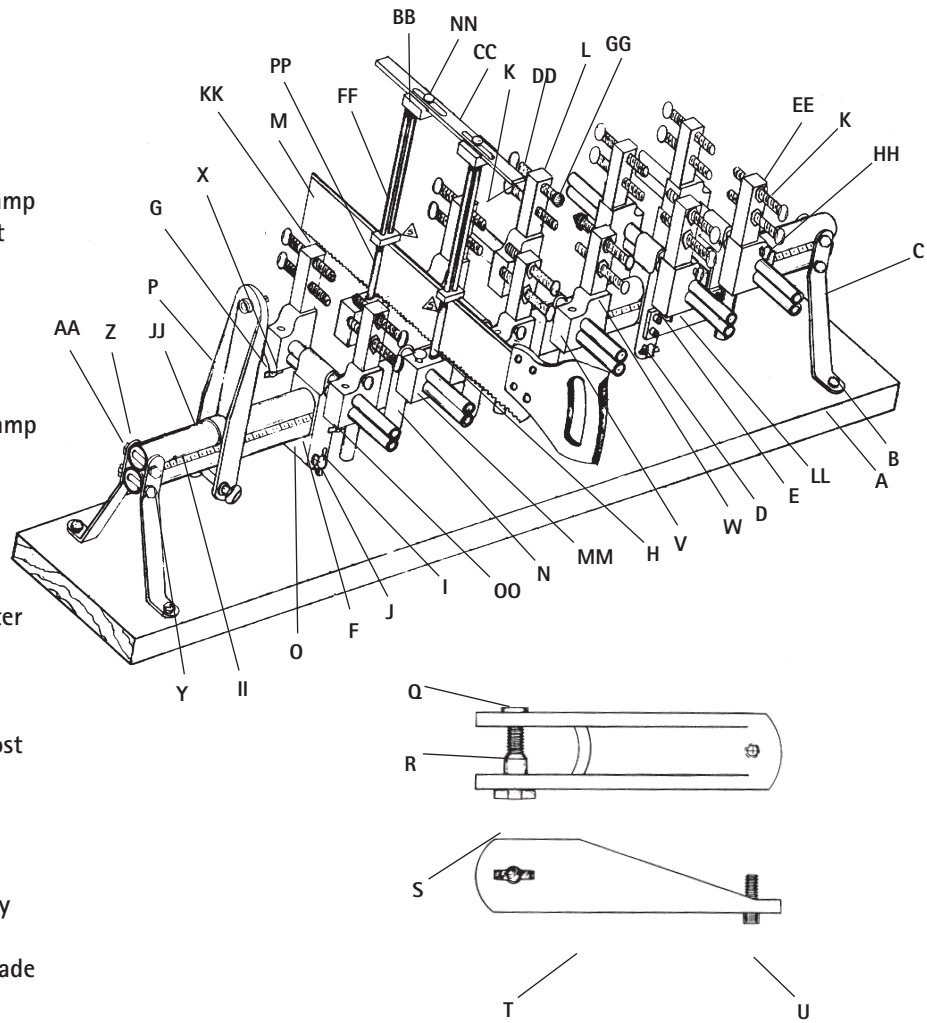
Berkeley Alignment Jig, BAJ-100



- Allows accurate transfer to aligned socket from adjustable leg to components in the definitive prosthesis for both AK and BK applications
- Wood base may be easily secured to a workbench
- 5" x 24" mitre saw and ankle bracket (50126) are included with the unit
- Ankle bracket allows the BKAL-100 Adjustable Leg to be used on the BAJ-100
- Thumb screw clamp attachment allows ease of use and removal

- | | | | | |
|----|-------|---------------|-------|---------------------------------|
| A. | 52894 | Base Board | 50171 | Berkeley Alignment Jig, BAJ-100 |
| B. | 51406 | Carriage Bolt | 51429 | Saw Station Only (Less Saw) |
| C. | 51407 | Leg | 50126 | Ankle Bracket |

- | | | |
|-----|-------|------------------------|
| D. | 51408 | Base Tube Clamp |
| E. | 51413 | Screw |
| F. | 51414 | Short Insert, Threaded |
| G. | 51415 | Short Insert |
| H. | 51418 | Tooth Guard |
| I. | 51419 | Thumb Screw |
| J. | 51422 | Insert |
| K. | 51424 | Screw |
| L. | 51425 | Knee Post |
| M. | 51426 | Saw |
| N. | 51416 | Clamp |
| O. | 51408 | Base Tube Clamp |
| P. | 50126 | Ankle Bracket |
| Q. | 51433 | Insert |
| R. | 51432 | Spacer |
| S. | 51419 | Long Bolt |
| T. | 51435 | Ankle Clamp |
| U. | 53387 | Short Bolt |
| V. | 53200 | Knee Post Clamp |
| W. | 51381 | Spring Pin |
| X. | 51383 | Thumb Screw |
| Y. | 51384 | Hex Bolt |
| Z. | 51385 | Hex Nut |
| AA. | 51386 | Lock Washer |
| BB. | 51389 | Tie Bar Adapter |
| CC. | 51400 | Tie Bar |
| DD. | 51401 | Thumb Screw |
| EE. | 52369 | Hex Nut |
| FF. | 51403 | Saw Guide Post |
| GG. | 51404 | Clamp Tip |
| HH. | 51405 | Thumb Screw |
| II. | 51368 | Blade Tape |
| JJ. | 53153 | Base Tube |
| KK. | 53110 | Post Assembly |
| LL. | 53111 | Tie Plate |
| MM. | 53240 | Saw Guide Blade |
| NN. | 51375 | Thumb Screw |
| OO. | 53199 | Post Clamp |
| PP. | 51388 | Holder Assembly |

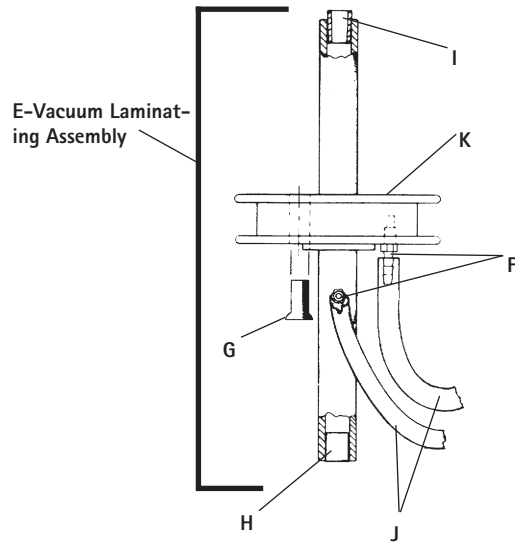


Vacuum Instruments

Vacuum Laminating Jig

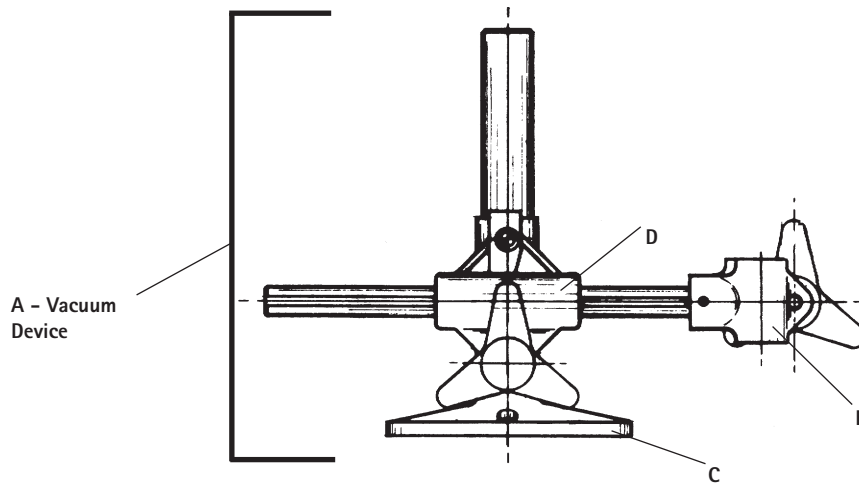
- May be positioned to hold cast at any angle or degree of rotation
- Large PVA tie-off ring and hose attachments for inside and outside vacuum lines make laminating easier and faster

- 51454 Laminating Jig Complete, LJ-100
 51459 Vacuum Device Assembly Only
 51455 Vacuum Laminating Assembly Only



Component Parts For 51454 LJ-100

- | | | |
|----|-------|---------------------------------|
| A. | 51459 | Vacuum Device |
| B. | 51462 | Clamp Assembly |
| C. | 51463 | Post Base Assembly |
| D. | 52062 | Clamp Assembly |
| E. | 51455 | Vacuum Laminating Assembly, |
| | | Assembly, |
| F. | 51271 | Hose Connector |
| G. | 51458 | Stopper |
| H. | 51457 | Plug |
| I. | 51456 | Pipe Lock |
| J. | 51273 | Hose, 1/4", 6' Lengths Only |
| K. | 55706 | Lamination Mandrell |
| | 51275 | Hose, Tie-Off 3/16" (Not Shown) |



Vacuum Instruments

Surgical Tubing

- High quality, pure latex tubing
- May be used as hose on vacuum or to securely tie-off PVA bags on the Vacuum Laminating Jig, LJ-100

51273 Surgical Tubing, 1/4" I.D., 6' Increments Only

51275 Surgical Tubing, 3/16" I.D., Per Foot

Vacuum Instruments

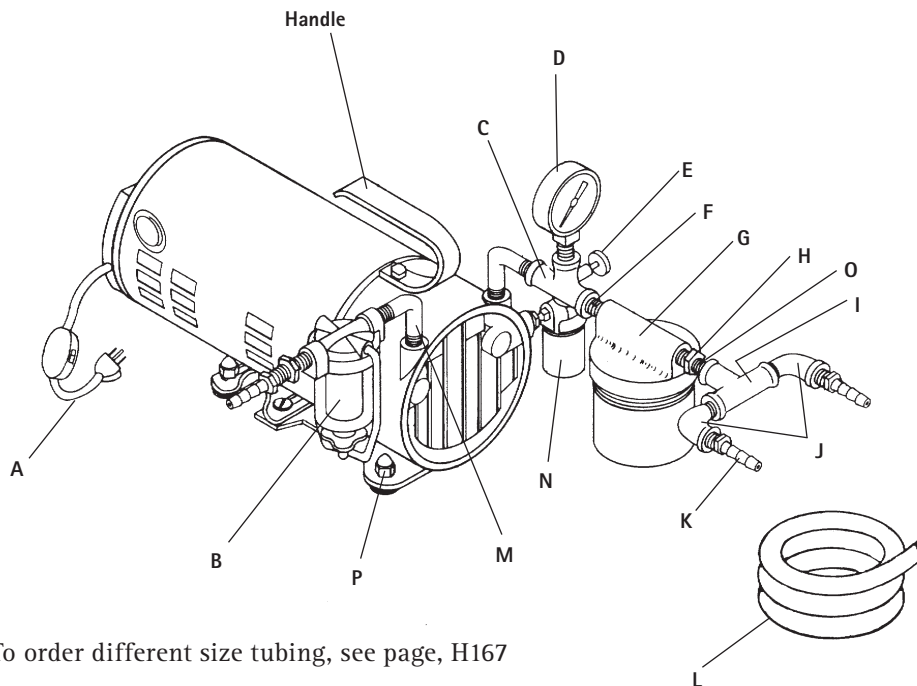
Portable Vacuum



- 1/4 H.P. motor is permanently lubricated
- Enough power to operate two Vacuum Laminating Jigs simultaneously
- 4 cubic feet per minute capacity
- Adjustable vacuum from 3" to 27" of mercury
- Gauge, regulator, filter, hoses, and overflow traps included
- Standard 110/115 volt 50/60 Hz Single Phase Motor *
- 110 V Standard Plug and On/Off Switch
- Motor may be wired for 220 Volt Use

51277 Portable Vacuum Pump, 110 Volt *

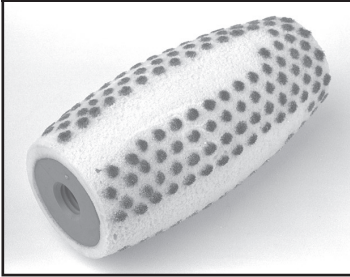
- | | | |
|----|-------|---|
| A. | 56161 | Cord |
| B. | 51276 | Klemm Filter (use 71629, Filter Only) |
| C. | 54663 | Tee |
| D. | 53963 | Vacuum Gauge |
| E. | 53964 | Bleeder Valve |
| F. | 55603 | Close Nipple |
| G. | 54093 | Intake Filter
(56182, Felt Filter Only)
(54091, Jar Only) |
| H. | 55124 | Bushing |
| I. | 55125 | Pipe Tee |
| J. | 51268 | Street Elbow |
| K. | 51271 | Hose Connector |
| L. | 51273 | Tubing* |
| M. | 54084 | Bent Elbow |
| N. | 54662 | Siphon Oiler
(56189, Oiler Jar Only) |
| O. | 51272 | Close Nipple |
| P. | 56159 | Front Support |
| Q. | 54724 | Oil (Not Shown) |



*To order different size tubing, see page, H167

Tools

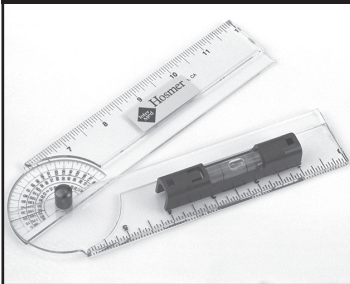
Soft Foam Shaper



- Ideal for contouring both inner and outer areas of the foam cover
- Fine steel bristles barely protrude through the surface of the plastic so foam may be shaped smoothly and evenly to obtain the desired cosmetic finish

51391 Soft Foam Carver, 5" (12.7cm) long, 2-3/4" (7cm)
Maximum Diameter for Schmid Carver

Goniometer



- A combination level and adjustable protractor
- Useful when obtaining measurements that are relative to a horizontal plane

51848 Goniometer

Wrenches



- High quality vanadium steel metric wrench

51293 Allen Wrench, 4mm
51352 Allen Wrench, 5mm
51353 Allen Wrench, 3mm

Glove Donner



51218 Glove Donner

Includes:

55772 Arm Receiver
51222 Thumb Screw
51221 Clamp
52022 Washer

Tools

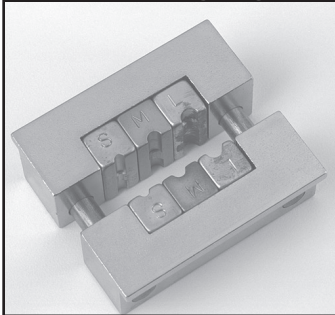
Cutting Tool



- Pocket size pylon cutter with parallel cut control feature
- Cuts all sizes up to 1-1/8" (2.9cm) diameter
- Pylon reamer inside handle

- A. 51355 Pocket Size Pylon Cutter
B. 60739 Cutting Guide

Cable Swaging Tool



- May be used in any standard bench vise
- Made of heat treated steel

- 50520 Cable Swaging Tool,
For three Sizes of Cable Size Fittings

Replacement Die: Purchase Two Die of Same Size

- 50524 Replacement Die, 3/64" (.119cm)
50523 Replacement Die, 1/16" (.159cm)
50522 Replacement Die, 3/32" (.238cm)

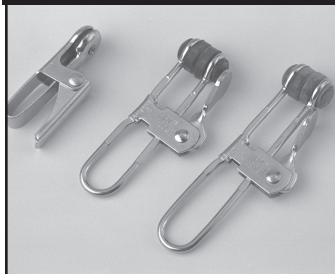
Bending Irons



- Small pocket size, plated steel bending irons
- Provides smooth bending of side bars

- 54795 Bending Irons

Yates Clamp

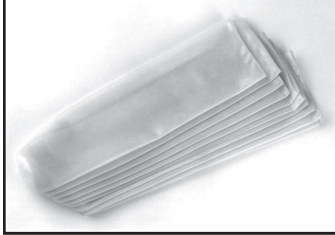


- Holds harness during fitting

- 51831 Flat Spring Clamp
52115 Wire Spring Type
52116 Wire Spring Type, Longer
52872 Rubber Pads for 52115 and 52116

Tools

Isolation Rubber



- Allows fabrication of the socket to begin while plaster is wet
- May also be used when making plaster casts of unhealed residual limbs
- 10 per pack

57774 Isolation Rubber, Small
57773 Isolation Rubber, Medium
57772 Isolation Rubber, Large

NOTE: A PVA bag should be used over the isolation rubber after it is placed over the cast

Gram Scale

- Highly accurate scale measures metrically up to 1650 grams (3.6 lbs)
- Extra counterbalancing weights are included.

50545 Gram Scale

Screws

- For cable and harness parts
- Sold per 144 pack

55647 Screw, 3/16" Long, 2178
55648 Screw, 1/4" Long, 2179
55649 Screw, 5/16" Long, 2180
55650 Screw, 3/8" Long (For Leather Hinges)

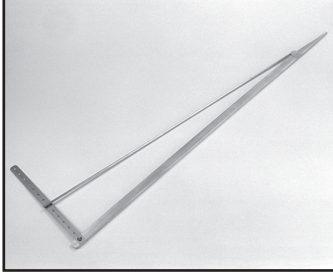
Ankle Bolt Adapter Nut

- Retainer nut (T-nut) for ankle bolts
- Threaded insert drives into distal end of shank from proximal side
- Prongs on the head drive into wood to prevent rotation of the nut

51844 Adapter Nut w/Screw, SFN-100
51845 Adapter Nut Only, SFN-101, For Standard Bolt

Tools

PVA Bag Pattern, Adjustable



- Pattern allows making any shape or length of PVA bag
- Base and angle rod are felt covered aluminum
- Adjusts in one-inch increments, up to 13" (33cm) width

51779 PVA Bag Pattern, PVAJ-100

PVA Electric Sealer



- Teflon covered heat sealer
- Using a small brush, moisten PVA seam to be joined; then seal
- Adjustable heat
- 115 volt, 150 watt (AC only)

51781 PVA Sealer, 115v, PVAS-100

51783 PVA Sealer, 230v, PVAS-200

51782 Teflon Boot, PVAS-101

PVA Film

- Polyvinyl Alcohol film has uniform surface, ideal for lamination work

51767 PVA Film, 25Yd. Roll, .003 Thick, 40" (101.6cm) Wide

51768 PVA Film, 50Yd. Roll, .003 Thick, 40" (101.6cm) Wide

51769 PVA Film, 100Yd. Roll, .003 Thick, 40" (101.6cm) Wide

PVA Bags

- Prefabricated from the best grade PVA film
- Fine, even weld seams end to end
- Wrapped in continuous paper ready for moistening
- Packaged 20 to a carton
- Each bag is 40" in length

54127 PVA 4"

54128 PVA 6"

54129 PVA 8"

54130 PVA 10"

54131 PVA 12"

Materials

Stretch Nylon Stockinette

- 300% elasticity
- Will not run at cut ends
- Smooth pattern results in a fine lamination finish

P/N	Color	Width	Length
		In Inches	In Yards
51343	White	10	20
51344	White	8	22
54344	White	6	25
51350	White	4	35.5
51341	Beige	10	20
51342	Beige	8	22
54337	Beige	6	25
51348	Beige	4	35.5

Conventional Nylon Stockinette

- 100% nylon
- Sold in 25 yard rolls

51607	Nylon Stockinette, 2"
51608	Nylon Stockinette, 2-1/2"
51609	Nylon Stockinette, 3"
51611	Nylon Stockinette, 4"
51612	Nylon Stockinette, 5"
51613	Nylon Stockinette, 6"
51614	Nylon Stockinette, 8"
51615	Nylon Stockinette, 10"

Cotton Stockinette

- Natural White Cotton Stockinette
- Sold in 25 yard rolls

61647	Cotton Stockinette, Natural, 1"
50175	Cotton Stockinette, Natural, 2"
50177	Cotton Stockinette, Natural, 3"
50178	Cotton Stockinette, Natural, 4"
50179	Cotton Stockinette, Natural, 5"
50180	Cotton Stockinette, Natural, 6"
61648	Cotton Stockinette, Natural, 8"
61649	Cotton Stockinette, Natural, 10"
61650	Cotton Stockinette, Natural, 12"

Materials

Elastic Fiberglass-Nylon Stockinette

- Close-knit fiberglass blended with 30% elastic nylon
- Virtually run proof
- Over 200% stretchability insures wrinkle free lamination
- Provides more fiberglass per square inch than conventional knitted fiberglass

51345 Fiberglass-Nylon Stockinette,
10" Wide, 20 Yards Per Roll

51346 Fiberglass-Nylon Stockinette,
8" Wide, 27 Yards Per Roll

54334 Fiberglass-Nylon Stockinette,
6" Wide, 26 Yards Per Roll

51347 Fiberglass-Nylon Stockinette,
4" Wide, 32 Yards Per Roll

Fiberglass Woven Cloth

- Conventional fiberglass woven fabric for reinforcing plastic lamination

51629 Fine Fiberglass Cloth, 38" Wide, Sold by the Yard

51630 Coarse Fiberglass Cloth, 38" Wide, Sold by the Yard

Carbon Tape

- Carbon and fiberglass
- Provides rigidity

59590 Carbon Tape, 3" Wide, Sold in 10 Yard Rolls

Dacron Felt

- Used for build-up laminations and to cover stockinette seams

50533 Dacron Felt, 1/2oz Weight, 36" Wide, Sold by the Yard

50534 Dacron Felt, 1oz Weight, 36" Wide, Sold by the Yard

Materials

Nylon Tricot

- Thin, fine, opaque material
- Woven of #40 Denier Dull Nylon
- 92" Wide

51616 Nylon Tricot, Sold by the Yard

Velcro

- May be used for fastenings, belts, adjustable straps, etc.

56000 Velcro Hook, 1", White, Sold by the Yard

56001 Velcro Pile, 1" White, Sold by the Yard

52045 Velcro Hook, 2", White, Sold by the Yard

52049 Velcro Pile, 2", White, Sold by the Yard

Dacron Tape

- Durable tape has "web" type of construction to prevent stretching
- Sold in 25 ft rolls only.

50546 Dacron Tape, white 1/2", Sold by the Yard

50547 Dacron Tape, white 3/4", Sold by the Yard

50548 Dacron Tape, white 1", Sold by the Yard

50549 Dacron Tape, white 1-1/2", Sold by the Yard

Dacron Tape Cover

- Flat, clear plastic tubing keeps tape clean while protecting skin from tape edges
- Sold per foot

71790 Dacron Tape Cover, 1/2"

71791 Dacron Tape Cover, 3/4"

71792 Dacron Tape Cover, 1"

71794 Dacron Tape Cover, 1-1/2"

Resins and Fabricating Supplies

Durathane® Rigid Fabricating Foam

- Same material used for fabrication of Durathane® Knee-Shin assemblies and ankle blocks
- Easy to use
- Produces a strong, evenly textured rigid foam
- Can be contoured with conventional fabricating tools and equipment
- Ideal for all uses calling for rigid foam support
- Mixing is simple: equal weights of the resin and catalyst (rigid foam volume calculations are provided)
- Density of foam can be altered from 10 pounds to only 4 pounds per cubic foot by carefully following directions

54050 Durathane® Foam Kit, 2-One Gallon Containers

54048 Resin, Part 1, 1 Gallon

54049 Catalyst, Part 2, 1 Gallon

NOTE: The catalyst is heavier than the resin, therefore, its container will not be as full as the resin container.

Pigment

- Caucasian and Negroid colors are available for mixing with polyester

50515 Pigment, White, 1 Qt., CP-105W

50487 Pigment, Caucasian, 4 Oz. CP-100

50503 Pigment, Caucasian, 1 Lb. CP-104

50508 Pigment, Caucasian, 1 Qt., CP-105

53892 Pigment, Light Negroid, 4 Oz., CP-100-4A

52929 Pigment, Light Negroid, 1 Lb., CP-104-4A

53893 Pigment, Dark Negroid, 4 Oz. CP-100-7A

Hosmer-Lac

- An exceptionally high quality, clear, quick-drying lacquer
- Ideal for finishing plastic laminations

51263 Hosmer-Lac, Quart, HL-100-1

51264 Hosmer-Lac, Gallon, HL-100-2

The items listed above have shipping restrictions and regulations.
Please call our Customer Service Department for shipping information.

Resins and Fabricating Supplies

Epoxy Patch Kit

- Used for quick repairs such as replacing joints, mounting wood knees to plastic sockets, hip joints, etc.
- Sets at room temperature in less than 10 minutes
- One year shelf life

50985 Epoxy, Clear, Tube, EPK-608-1

Catalyst

- Catalyst for use with polyester resins

50120 Paste Catalyst, Benzoyl Peroxide, Four, 4 Oz. Tubes

Promoter

51491 Promoter, Naugatuck, 4 Oz

Acrylic Resins

- Used in lighter weight lamination
- Greater strength than polyester resins
- Fully cured 1 to 2 hours after hardened
- Sockets may be modified with a heat gun

70815 Acrylic Laminating Resin,
Rigid, 80:20 Including Hardener, 2 Lbs. (900g)

70817 Acrylic Laminating Resin,
Flexible, Including Hardener, 2 Lbs. (900g)

70819 Acrylic Bonding Resin,
Siegelharz, Including Hardener, 2 Lbs. (900g)

Silastic Elastomer

- Used for distal pads in lower extremity prosthetics
- Air cured
- May be mixed with silastic foams to achieve a softer finished material

54322 Elastomer, Silicone, w/Catalyst, 1 Lb

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Resins and Fabricating Supplies

Silicone Grease

51841 Silicone Grease, 5.3oz.

Silicone Aerosol

51303 Silicone Spray, 16 Oz

Cleani

- Convenient, disposable antiseptic wipes for your patient
- Daily use helps to prevent infection
- Box of 50 individually packaged antiseptic swipes

54464 Cleani

The items listed above have shipping restrictions and regulations.
Please call our Customer Service Department for shipping information.

Appendix

Conversion Chart/Shoe Guide

CM	SHOE SIZE	INCHES	NEAREST EIGHTH	CM	SHOE SIZE	INCHES	NEAREST EIGHTH
1		0.3937	3/8	26	9	10.2362	10-1/4
2		0.7874	3/4	27	10	10.6299	10-5/8
3		1.1811	1-1/8	28	11	11.0236	11
4		1.5748	1-5/8	29	12	11.4173	11-3/8
5		1.9685	2	30	13	11.8110	11-3/4
6		2.3622	2-3/8	31	14	12.2047	12-1/4
7		2.7559	2-3/4	32		12.5984	12-5/8
8		3.1496	3-1/8	33		12.9921	13
9		3.5433	3-1/2	34		13.3858	13-3/8
10		3.937	4	35		13.7795	13-3/4
11		4.3307	4-3/8	36		14.1732	14-1/8
12		4.7244	4-3/4	37		14.5669	14-1/2
13		5.1181	5-1/8	38		14.9606	15
14		5.5118	5-1/2	39		15.3543	15-3/8
15		5.9055	5-7/8	40		15.7480	15-3/4
16		6.2992	6-1/4	41		16.1417	16-1/8
17		6.6929	6-3/4	42		16.5343	16-1/2
18		7.0866	7-1/8	43		16.9291	17
19		7.4803	7-1/2	44		17.3228	17-3/8
20		7.874	7-7/8	45		17.7165	17-3/4
21		8.2677	8-1/4	46		18.1102	18-1/8
22	5	8.6614	8-5/8	47		18.5039	18-1/2
23	6	9.0551	9	48		18.8976	18-7/8
24	7	9.4488	9-1/2	49		19.2913	19-1/4
25	8	9.8425	9-7/8	50		19.6850	19-5/8

Metric Conversion: Weights and Measure

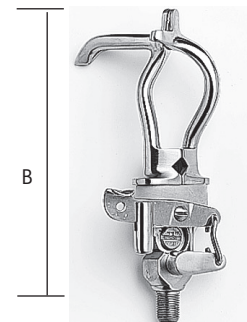
1 centimeter	0.3937 inches	1 inch	2.54 centimeters
1 meter	1.1 yards	1 yard	0.9144 meter
1 gram03527 ounce	1 ounce	28.35 grams
1 kilogram	2.2 pounds	1 pound4536 kilograms



Hook Measuring Guide

A: Distance indicated for Standard Hooks:

B: Distance indicated for Work Hooks:



Appendix

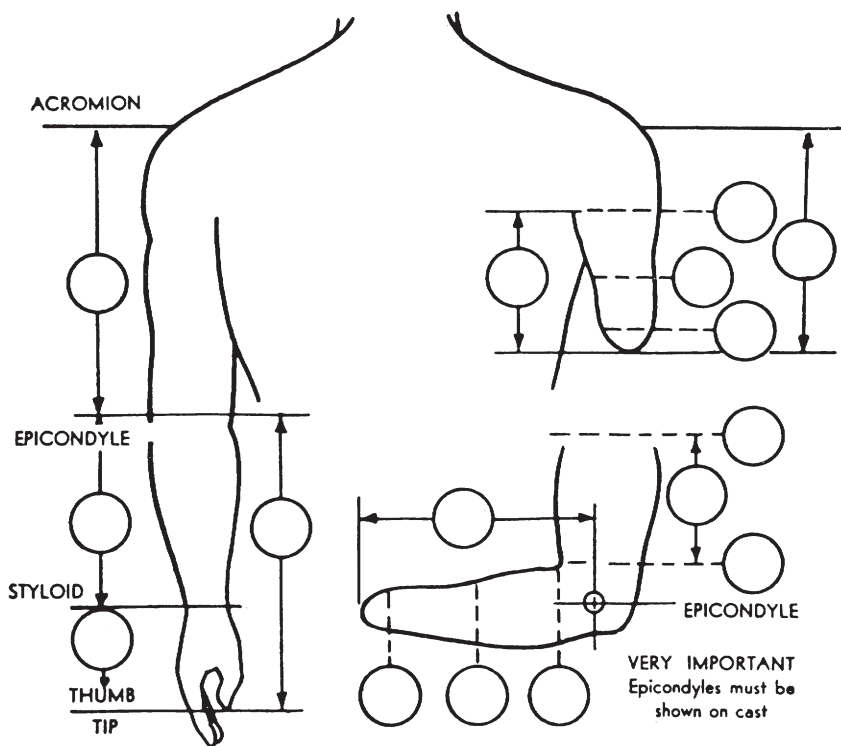
UPPER EXTREMITY MEASUREMENT CHART

PATIENT'S NAME _____
 STREET ADDRESS _____
 CITY AND STATE _____
 SOCIAL SECURITY NO. _____
 OCCUPATION _____ AMP. DATE _____
 CAUSE OF AMPUTATION _____
 CHEST CIRCUMFERENCE _____ AGE _____
 MALE FEMALE HEIGHT _____
 RIGHT LEFT WEIGHT _____
 CAUCASIAN NEGROID OTHER _____
 AMPUTATION LEVEL _____
 CATALOGUE # _____
 TYPE WRIST _____ ELBOW _____ HINGE _____
 OPEN SOCKET END BEARING SPLIT SOCKET
 STANDARD WEIGHT HEAVY DUTY
 MODEL HOOK USED _____
 MODEL HAND USED _____

DATE _____
COMPANY NAME AND ADDRESS

 PREVIOUS PROSTHESIS WORN? YES NO
 OLD PROSTHESIS MEASUREMENTS _____
 UPPER, ACROMION TO ELBOW CENTER _____
 LOWER, ELBOW CENTER TO END OF WRIST _____
 IS THE PROSTHESIS TO BE COMPLETED READY FOR FITTING?
 YES NO
 REMARKS: _____

SHOULD HOSMER
 FURNISH HAND/HOOK?
 YES NO
 HARNESS CUFF CABLES
 DORRANCE HAND SIZE _____
 TYPE _____
 ROBIN AID HAND SIZE _____
 TYPE _____
 BECKER HAND SIZE _____
 TYPE _____
 COSMETIC HAND SIZE _____
 TYPE _____
 COSMETIC GLOVE SIZE _____
 SHADE _____
 OTHER ITEMS HOSMER TO FURNISH



A-59361-B

NOTE: Please fill out complete with drawing of sound arm, etc.

Appendix

HOJA PARA LA MEDICION DEL MIEMBRO SUPERIOR UPPER EXTREMITY MEASUREMENT CHART

Nombre y dirección _____ Fecha _____
de la compañía _____ Trabajo No. _____
Company Name & Address _____ Job No. _____
Order de compra No. _____
P.O. No. _____

Nombre del paciente _____ Fecha de amputación _____
Patient's Name Amputation Date
Calle y número _____ Ocupación _____
Street Occupation
Ciudad _____ Médico _____
City Doctor

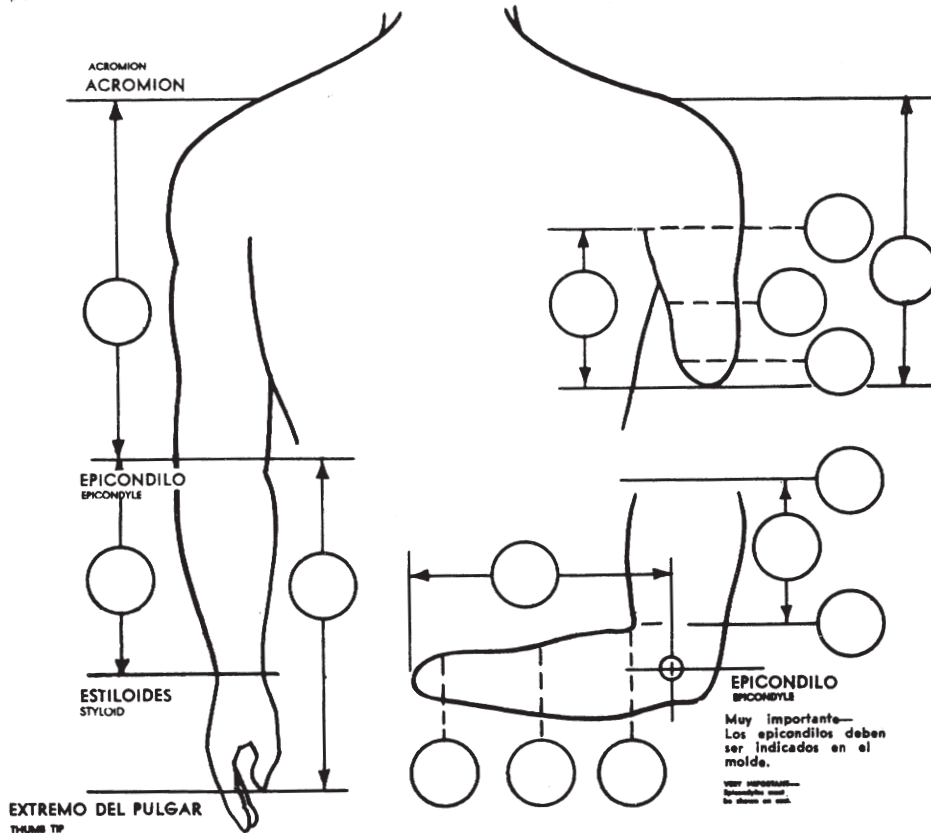
Caucasiano Negroide Cobrizo Sexo Sexo
White Negroid Male masc. Female fem.

Tipo de amputación _____
Type Amputation
No. de prótesis según catálogo _____ Der. Izq.
Prosthesis Catalog No. Rt. Left
Tipo de muñeca _____ Codo _____ Articulación _____
Type Wrist Elbow Hinge
Cuenca de doble pared Cuenca sencilla Cuenca dividida
End Bearing Socket Single Socket Split Socket
Peso normal Reforzado
Standard Weight Heavy Duty
Modelo de gancho usado _____
Model Hook Used
Modelo de mano usado _____
Model Hand Used
Circunferencia torácica _____
Chest Circumference
Altura del paciente _____ Edad _____
Patient's Height Age






¿Ensamblar Completo? Si No
Assemble Complete? Yes No

Tídense los dispositivos Hosmer requeridos
Check Items Hosmer To Furnish:
Arnés Manguito Cables
Harness Cuff Cables
Tipo de Mano: Mano Dorrance Mano Becker
Hand Type: Dorrance Hand Becker Hand
Tamaño _____ Mano Robin-Aid Mano Cosmético
Size Robin-Aid Hand Cosmetic Hand
Guante cosmético Matiz _____
Cosmetic Glove Shade
Otros artículos Hosmer requeridos: Other Items Hosmer to Furnish:

Observaciones: _____
Remarks:



Appendix

SIDE A		LOWER-EXTREMITY PROSTHETIC INFORMATION																									
Date _____		Patient's Name _____		Company Name _____																							
Occupation _____		Soc. Sec. # _____		Street Address _____																							
Amp. Date _____		Reason _____		City _____ State _____ Zip _____																							
Site of Amputation _____		Clinic or Hospital _____																									
Height _____		Weight _____		Age _____																							
MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/>																							
		Prescribing Physician _____																									
		Prosthetist's Name _____																									
(Show Location of Stump Details, Identify with Code Letters)																											
BELOW KNEE		ABOVE KNEE																									
Anterior	Posterior	Medial	Lateral	Anterior																							
																											
(PROVIDE TRACINGS ALSO)		(PROVIDE TRACINGS ALSO)																									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> A = abrasion B = boil or skin infection Bu = bursa Bs = bone spur D = discoloration E = edema I = irritation M = muscle bunching P = pressure point R = redundant tissue S = scar T = trigger point </td> <td style="width: 50%; border: none;"></td> </tr> </table>					A = abrasion B = boil or skin infection Bu = bursa Bs = bone spur D = discoloration E = edema I = irritation M = muscle bunching P = pressure point R = redundant tissue S = scar T = trigger point																						
A = abrasion B = boil or skin infection Bu = bursa Bs = bone spur D = discoloration E = edema I = irritation M = muscle bunching P = pressure point R = redundant tissue S = scar T = trigger point																											
BELOW-KNEE STUMP CHARACTERISTICS		ABOVE-KNEE STUMP CHARACTERISTICS																									
Stump Shape: _____ Distal Padding: _____ Subcutaneous Tissue: Heavy <input type="checkbox"/> Light <input type="checkbox"/> Average <input type="checkbox"/> Distal Pressure Tolerance: None: <input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Condition of Thigh Musculature: Atrophy <input type="checkbox"/> Normal <input type="checkbox"/> Condition of Stump Musculature: Atrophy <input type="checkbox"/> Normal <input type="checkbox"/> Knee Stability: _____ Range of Knee Motion: _____ Degree of Knee Contracture: _____° Condition of Cut Bones: Tibia _____ Fibula _____ Remarks: _____ _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Stump Musculature</th> <th style="width: 12.5%;">Soft</th> <th style="width: 12.5%;">Average</th> <th style="width: 12.5%;">Hard</th> </tr> </thead> <tbody> <tr><td>General</td><td></td><td></td><td></td></tr> <tr><td>Hamstring Group</td><td></td><td></td><td></td></tr> <tr><td>Gluteal Group</td><td></td><td></td><td></td></tr> <tr><td>Rectus Femorus</td><td></td><td></td><td></td></tr> <tr><td>Adductor Longus</td><td></td><td></td><td></td></tr> </tbody> </table> Subcutaneous Tissue: Heavy <input type="checkbox"/> Light <input type="checkbox"/> Average <input type="checkbox"/> Ischium: Toughened <input type="checkbox"/> Pressure Sensitive <input type="checkbox"/> Muscle Padding _____ Prominent _____ Previous Ischial Bearing: Yes <input type="checkbox"/> No <input type="checkbox"/> Stump Lateral Convex _____ Concave _____ Contour: Out <input type="checkbox"/> Flat <input type="checkbox"/> In <input type="checkbox"/> Degree of Contracture: Hip Flexion _____° Abduction _____° Stump Adduction _____° Remarks: _____			Stump Musculature	Soft	Average	Hard	General				Hamstring Group				Gluteal Group				Rectus Femorus				Adductor Longus			
Stump Musculature	Soft	Average	Hard																								
General																											
Hamstring Group																											
Gluteal Group																											
Rectus Femorus																											
Adductor Longus																											
Prescription for Prosthesis																											
Modular Prostheses Specify Type →	BK with adjustable pylon and soft cosmetic cover	AK with swing phase control and soft cosmetic cover	Swing phase control type	Other																							
Foot Component Model: Size:	Knee Component Model: Width:	Socket Materials	Type of Symes	Hip-Joint Model Type Size:																							
Ankle Component Model: Size:	Type of Socket	Shank Materials	Hip Disartic. Type	Type of Suspension																							

(Complete prosthetic measurement chart on opposite side)

Appendix

SIDE B LOWER EXTREMITY PROSTHETIC MEASUREMENTS																						
Patient's Name _____ Type of Prosthesis _____ <input type="checkbox"/> Rt. <input type="checkbox"/> Lt.																						
<p style="text-align: center;">SPECIFICATIONS</p> <p>Color: Caucasian <input type="checkbox"/> Negroid <input type="checkbox"/> Light Brown <input type="checkbox"/> Medium <input type="checkbox"/> Dark Brown <input type="checkbox"/> Limb Weight: Light <input type="checkbox"/>; Heavy Duty <input type="checkbox"/>; Standard <input type="checkbox"/> Shoe Furnished: One <input type="checkbox"/> Both <input type="checkbox"/> None <input type="checkbox"/> (Send shoe intended to be worn) Shoe Lace Opening: Top _____ Bottom _____ Heel Cushion: Firm <input type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Socket: Lined <input type="checkbox"/> Total Contact <input type="checkbox"/> Other <input type="checkbox"/> _____ Valve (specify) _____ Ankle Joint: Size _____ Style _____ KD or BK Knee Joints: Size _____ Style _____ KD or BK Thigh Lacing: Eyelets <input type="checkbox"/> Hooks <input type="checkbox"/> Both <input type="checkbox"/> Thigh Lacer Height: _____ Waist Belt Size: _____</p> <p>COSMETIC COVERING: Pigment Color Chip # _____ Issue: _____ Cosmetic Soft Cover <input type="checkbox"/>, or Custom Soft Cover (to cast of sound limb) <input type="checkbox"/>, or Laminated over Foam <input type="checkbox"/>, Wood <input type="checkbox"/>, or Neuter Foam Blank (for shaping and covering by prosthetist) <input type="checkbox"/></p> <p>OLD PROSTHESIS MEASUREMENTS: Ischium to Floor: _____ inches Knee-Center to Floor: _____ inches</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>NOTE: For complete fabrication of prosthesis to be expedited, send negative plaster wrap of original modified cast (to be retained for your reference).</p> </div> <p>Date Required _____ How Ship? _____</p> <p>SPECIAL NOTES: _____ _____ _____ _____ _____</p>	<p style="text-align: center;">BELOW KNEE MEASUREMENTS</p> <p>Diameter at level of femoral epicondyles: M-L (only) _____</p> <p>Diameters at level of patella tendon: M-L _____ A-P _____</p> <p>For Symes and knee disarticulation, diameters at widest and narrowest distal portions of stump. Widest portion M-L _____ A-P _____ Narrowest portion M-L _____ A-P _____</p> <p>Length of Stump _____ Length of Tibia _____</p> <p>Knee Stability: _____ Degrees of Knee Contracture: _____ °</p> <p style="text-align: right; border: 1px solid black; padding: 2px;">IMPORTANT — Mark all Bony Prominences on Cast</p>																					
<p style="text-align: center;">ABOVE KNEE</p> <p>M-L Dimension of Socket _____ A-P Dimension of Socket _____ Distance from Ischial Tuberosity to Adductor Longus Tendon _____</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Reduced Socket Meas.</th> <th>Dist. Below Ischium</th> <th>Stump Meas.</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>0</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>4</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>6</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>10</td><td><input type="checkbox"/></td></tr> </tbody> </table> <p>Pelvic Circum. _____ Trochanter to Ant. Mid-Line _____ Ischial Tuberosity to Floor _____ Femur Length _____ Stump Length _____</p> <p>Degree of Contracture: Hip Flexion _____ ° Abduction _____ ° Stump Adduction _____ °</p>	Reduced Socket Meas.	Dist. Below Ischium	Stump Meas.	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<p style="text-align: center;">SOUND LIMB</p> <p>Stump Sock Size & Ply _____</p> <p>M - L Knee Diam. _____</p> <p>Knee Center _____ Tibial Plateau _____ Calf _____ Ankle _____</p> <p>Forefoot to Heel _____ Shoe Size _____ Heel Height _____</p> <p>Length of Foot _____</p> <p style="text-align: center;">Measure from Floor Without Shoe</p>
Reduced Socket Meas.	Dist. Below Ischium	Stump Meas.																				
<input type="checkbox"/>	0	<input type="checkbox"/>																				
<input type="checkbox"/>	2	<input type="checkbox"/>																				
<input type="checkbox"/>	4	<input type="checkbox"/>																				
<input type="checkbox"/>	6	<input type="checkbox"/>																				
<input type="checkbox"/>	8	<input type="checkbox"/>																				
<input type="checkbox"/>	10	<input type="checkbox"/>																				
Hosmer, Inc. No. HD-001																						

Appendix

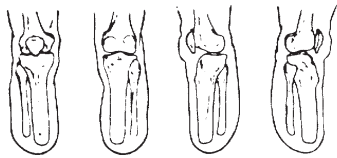
Lado A

INFORMACION PROTETICA DE LA EXTREMIDAD INFERIOR

Nombre del Paciente _____ Fecha _____
 Altura _____ Peso _____ Edad _____ Nombre de la Compañía _____
 Masculino _____ Femenina _____ Dirección de la Compañía _____
 Ocupación _____
 Fecha de Amputación _____ Razón _____ Hospital _____
 Lugar de la Amputación _____ Médico _____
 Izquierdo _____ Derecho _____ Protésico _____

(Favor de Indicar con Letras la Situación de los Detalles del Muñón)

BAJO DE LA RODILLA (BK)
 Anterior Posterior Medial Lateral

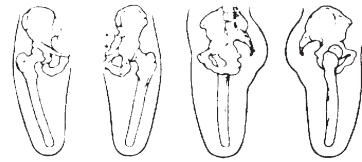


(Provea el dibujo con la traza como se indica arriba)

- A = Raspadura
- B = Furúnculo o Tumor
- Bu = Cavidad Serosa, Bursa
- Bs = Espuela del Hueso
- D = Descolorado
- E = Edema
- I = Irritación
- M = Agrupación de Músculos
- P = Punta de Presión
- R = Tejido Redundante
- S = Cicatriz
- T = Término de Nervio

ENCIMA DE LA RODILLA (AK)

Anterior Posterior Medial Lateral



(Provea el dibujo con la traza como se indica arriba)

Características del Muñón

Características del Muñón

Debajo de la Rodilla		Arriba de la Rodilla		
Forma del Muñón _____	Músculos del Muñón _____	Suave	Normal	Firme
Almohadilla Distal _____	Al General _____			
Tejido Subcutáneo: Grueso ___ Leve ___ Normal ___	Tendones de la Corva _____			
Tolerancia de Presión Distal: Ninguna ___ Leve ___ Excelente ___	Los Glúteos _____			
Condición de Músculos del Muslo: Atrofia ___ Normal ___	Rectus Femoris _____			
Condición de Músculos del Muñón: Atrofia ___ Normal ___	Adductor Longus _____			
Estabilidad de la Rodilla _____	Tejido Subcutáneo: Grueso ___ Leve ___ Normal ___			
Distancia del Movimiento de la Rodilla _____	Isquion Endurecido ___ Sensitivo a la Presión ___			
Grado de Contracción de la Rodilla _____°	Almohadillas de Músculos ___ Protuberante ___			
Condición de Huesos Cortados: Tibia ___ Fíbula ___	Orientado Anteriormente el Isquio: Sí ___ No ___			
Observaciones _____	Contorno Convexo Lateral del Muñón: Cónvexo: _____			
_____	Exterior ___ Llano ___ Interior ___			
_____	Grado de Contracción: Flexión de la Cadera _____°			
_____	Abducción _____°			
_____	Aducción del Muñón _____° Observaciones: _____			
RECETA PARA LA PROTESIS				
Prótesis Modular Especificar el Tipo →	BK con pilón que se puede ajustar y con cubierto suave cosmético: IPOS: Otto Bock:	Otro:		
Componente para el Pie Modelo: Medida:	Componente para la Rodilla Modelo: Anchura:	Materiales para el Encastre	Tipo de Amputación al Tobillo	Tipo de Articulación de la Cadera Medida:
Componente para el Tobillo Modelo: Medida:	Tipo de Encastre	Materiales de la Pierna	Tipo de Cadera Desarticulada	Tipo de Suspensión

- Continúa la Carta al Reverso -

Appendix

Lado B

INFORMACION PROTETICA DE LA EXTREMIDAD INFERIOR

Nombre del Paciente _____

Tipo de Prótesis _____ Dra. Iz. _____

ESPECIFICACIONES

Color: Caucaésico ___ Negro ___ Moreno Claro ___

Medio ___ Moreno ___

Peso del Miembro: Leve ___ Durable ___ Normal ___

Zapato Suministrado:

Uno ___ Ambos ___ Ninguno ___

(Envíe el zapato que se propone llevarse)

Dureza del Talón: Firme ___ Regular ___ Suave ___

Encastre: Forrado ___ Contacto Total ___

Otro: _____

Válvula (especificar) _____

Coyuntura de Tobillo: Medida _____ Estilo _____

KD (Rodilla Desarticulada) o BK Coyunturas de la

Rodilla: Medida _____ Estilo _____

KD o BK Cordones para el Muslo:

Aberturas ___ Ganchos ___ Ambos ___

Distancia de los Cordones del Muslo: _____

Medida de la Cintura: _____

MEDIDAS DE LA PROTESIS ANTERIOR:

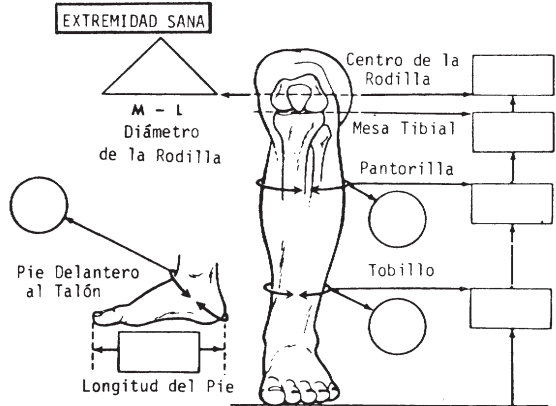
Isquio al Suelo: _____ cm.

Centro de la Rodilla al Suelo: _____ cm.

NOTA:

Para expedir la fabricación completa de la prótesis, envíe el negativo de yeso del molde original con las modificaciones (Se lo retendrá para la información en lo sucesivo).

¿Cómo enviar? _____



Calzetín para el Muñón: _____ Medida del Zapato _____ Longitud del Talón _____

NOTAS ESPECIALES: _____

BK-DEBAJO DE LA RODILLA

Diámetro al nivel de los epicóndilos femorales: M-L _____ (solamente)

Diámetros al nivel de la rótula del tendón: M-L _____

A-P _____

Con la amputación del tobillo (Symes) y la rodilla desarticulada, indíquese los diámetros a la punta más ancha y la más reducida de la parte distal del muñón.

Parte más ancha

M-L _____

A-P _____

Parte más reducida

M-L _____

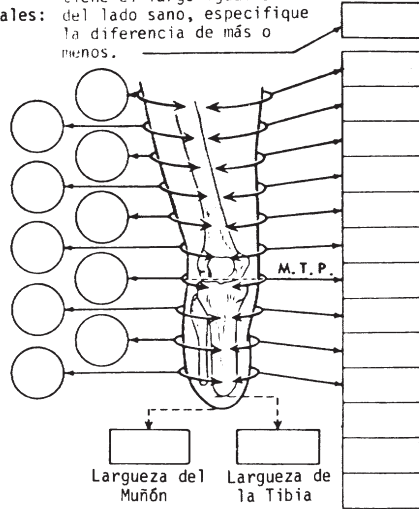
A-P _____

Grado de Contracción de la Rodilla: _____

Estabilidad de la Rodilla: _____

MEDIDAS

Si a este lado el fémur no tiene el largo igual a lo del lado sano, especifique la diferencia de más o menos.



IMPORTANTE - Señalar todos las protuberancias del hueso en el molde.

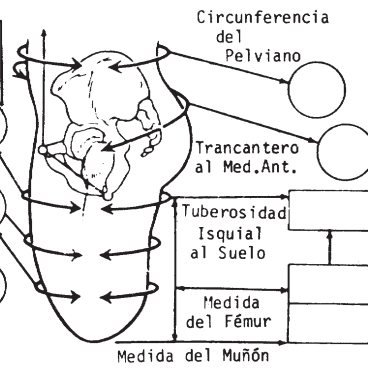
AK-ARRIBA DE LA RODILLA

M-L Medida del Encastre _____

A-P Medida del Encastre _____

Distancia de la Tuberosidad Isquial al Tendón Aductor Longus _____

Med. del Encastre Reducido	Dist. Bajo el Isquio	Med. del Muñón
<input type="checkbox"/>	0	<input type="checkbox"/>
<input type="checkbox"/>	2	<input type="checkbox"/>
<input type="checkbox"/>	4	<input type="checkbox"/>
<input type="checkbox"/>	6	<input type="checkbox"/>
<input type="checkbox"/>	8	<input type="checkbox"/>
<input type="checkbox"/>	10	<input type="checkbox"/>



Grado de Contracción: Flexión de la Cadera: _____ °

Abducción: _____ °

Aducción del Muñón: _____ °